Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 1 of 67

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF GEORGIA | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: | Identify Yourself | | |
|-----|--------------------------------|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your pictu exar licen | e the name that is on government-issued ure identification (for nple, your driver's use or passport). g your picture tification to your | Daryl First name L. Middle name Smith | First name Middle name |
| | | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | used Inclu | other names you have d in the last 8 years ade your married or den names. | Daryl Lamont Smith | |
| 3. | youi num Indi | the last 4 digits of Social Security ober or federal vidual Taxpayer tification number | xxx-xx-7912 | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 2 of 67

Debtor 1 Daryl L. Smith

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ☐ I have not used any business name or EINs. DBA D And S Trucking Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | 412 John Sam Rd. Bainbridge, GA 39817 | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Decatur County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. Why you are choosing this district to file for bankruptcy | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

Debtor 1 Daryl L. Smith

Document Page 3 of 67

Case number (if known)

| Par | | | | | | | | | |
|-----|---|---|--|---|-----------------------|--------------------------|-----------------------------|-------------------------------|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | ☐ Chapter 7 | | | | | | | |
| | | ☐ Chapter 11 | | | | | | | |
| | | ☐ Ch | hapter 12 | | | | | | |
| | | ■ Cł | hapter 13 | | | | | | |
| 8. | How you will pay the fee | | about how you | entire fee when I file my pe u may pay. Typically, if you ar attorney is submitting your pa address. | e paying | the fee yourself, | you may pay with cas | h, cashier's check, or money | |
| | | | | the fee in installments. If yo | | e this option, sign | and attach the Applic | cation for Individuals to Pay | |
| | | J | e <i>in Installment</i> s (Official Forn t my fee be waived (You may | , | t this ontion only it | f you are filing for Cha | nter 7. By law, a judge may | | |
| | | | but is not requ | uired to, waive your fee, and n | nay do s | o only if your inco | me is less than 150% | of the official poverty line | |
| | | | | your family size and you are ation to Have the Chapter 7 F | | | | | |
| | | | out the rippine | anon to mare une emapte. The | g . oc | rrarroa (Omoiai | r om rood, and mo it | man your poutton. | |
| 9. | Have you filed for bankruptcy within the | □ No |). | | | | | | |
| | last 8 years? | Ye | s. | | | | | | |
| | | | District | Middle District Of GA | When | 10/26/11 | Case number | 11-11691 | |
| | | | District | Middle District Of GA [Date Filed: 1/18/10 (Ch 13)] | When | 1/18/10 | Case number | 10-10069 | |
| | | | District | Middle District Of Ga [Date Filed: 7/18/08 Ch 13] | When | 7/18/08 | Case number | 08-11115 | |
| | | | | | - | | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Ye | s. | | | | | | |
| | | | Debtor | | | | Relationship to y | /ou | |
| | | | District | | When | | Case number, if | known | |
| | | | Debtor | | | | Relationship to y | /ou | |
| | | | District | | When | | Case number, if | known | |
| 11. | Do you rent your | ■ No | Go to lii | ne 12. | | | | | |
| | residence? | ☐ Ye | s. Has you | ur landlord obtained an eviction | n judgm | ent against you a | nd do you want to stay | in your residence? | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out Initial Statement | About a | n Eviction Judgme | ent Against You (Form | 101A) and file it with this | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 4 of 67 Case number (if known) Debtor 1 Daryl L. Smith Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention ■ No. property that poses or is alleged to pose a threat Yes. of imminent and What is the hazard? identifiable hazard to

14. Do you own or have any public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Page 5 of 67 Document Case number (if known) Debtor 1 Daryl L. Smith

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes

me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active П military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not re | quired to receiv | e a brief | ing about | credit |
|-------------|------------------|-----------|-----------|--------|
| counseling | because of: | | | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 6 of 67

Case number (if known) Debtor 1 Daryl L. Smith Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1-49** you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Daryl L. Smith Signature of Debtor 2 Daryl L. Smith Signature of Debtor 1 Executed on December 29, 2015 Executed on MM / DD / YYYY MM / DD / YYYY

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 7 of 67

Debtor 1 Daryl L. Smith

Debtor 1 Daryl L. Smith

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Cawthon H. Custer Signature of Attorney for Debtor | Date | December 29, 2015 |
|--|---------------|-----------------------------|
| Cawthon H. Custer | | , 22, |
| Printed name | | |
| Custer, Custer & Clark, LLC | | |
| 417 Pine Avenue | | |
| Albany, GA 31701 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 229-888-1105 | Email address | custercusterclark@gmail.com |
| Bar number & State | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 12 of 67

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Georgia

| In r | re Daryl L. Smith | ð | Case No. | |
|------|---|--|---------------------|-------------------------------------|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COM | PENSATION OF ATTOR | NEY FOR DE | EBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplat | filing of the petition in bankruptcy, o | r agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 3,000.00 |
| | Prior to the filing of this statement I have recei- | ved | \$ | 0.00 |
| | Balance Due | | \$ | 3,000.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed c | compensation with any other person u | nless they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the | | | |
| 5. | In return for the above-disclosed fee, I have agreed | to render legal service for all aspects | of the bankruptcy c | ase, including: |
| | a. Analysis of the debtor's financial situation, and rb. Preparation and filing of any petition, schedules,c. Representation of the debtor at the meeting of crd. [Other provisions as needed] | , statement of affairs and plan which r | nay be required; | |
| 6. | By agreement with the debtor(s), the above-disclose | d fee does not include the following s | service: | |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement obankruptcy proceeding. | of any agreement or arrangement for p | ayment to me for re | epresentation of the debtor(s) in |
| ı | December 29, 2015 | /s/ Cawthon H. Cus | ster | |
| 1 | Date | Cawthon H. Custer Signature of Attorney | | |
| | | Custer, Custer & C | | |
| | | 417 Pine Avenue Albany, GA 31701 | | |
| | | 229-888-1105 Fax | : 229-888-1108 | |
| | | custercusterclark@ | gmail.com | |
| | | Name of law firm | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Page 13 of 67 Document Fill in this information to identify your case and this filing: Debtor 1 Daryl L. Smith Middle Name First Name Last Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Redman Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put mobile home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 1 only Model: (residence) Year: 1996 Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another & 90 Freightlliner \$13,760.00 \$13,760.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for

pages you have attached for Part 2. Write that number here.....

Current value of the portion you own?
Do not deduct secured claims or exemptions.

\$13,760.00

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B

Page 14 of 67

Case number (if known) Document Debtor 1 Daryl L. Smith Yes. Describe..... \$250.00 LR set Microwave, push mower, freezer, 2 BR Set, DR Set, Den Set, TV, Riding Mower, Washer, Dryer, Refrigerator, Stove, 2006 Computer, Printer, Lawn Furniture, Gas Grill, wrenches, 2 Chain Saws, Skill Saws, drills, Table Saw, Log Trailer Jack, AC Unit, 22 \$2,000.00 pistol Misc. Kitchen Items, Misc. Pictures, Misc. Tables, Misc. Lamps, Misc. Household Decorating Items, Misc. Household Tools, Misc. \$250.00 Hobby Items, and Misc. Recreation Supplies 7 Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ Yes. Describe..... \$100.00 2 TVS Tv, computer & printer \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$250.00 Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe.... \$50.00 Misc. Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information.....

Case 15-11683

Doc 1

Filed 12/29/15

Entered 12/29/15 11:59:17

Desc Main

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 15 of 67 Case number (if known)

Debtor 1 Daryl L. Smith 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,100.00 for Part 3. Write that number here **Describe Your Financial Assets** Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ Yes.... \$20.00 cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

Schedule A/B: Property

Official Form 106A/B

page 3

| | | | | Doc 1 | Filed 12/29/15 Document | Entered 12/29/15 11:59:17 Page 16 of 67 | Desc Main |
|-----|----------------|-----------------------|---|----------------|--|---|---|
| De | ebtor 1 | Daryl L | Smith | | | Case number (if known) | |
| | ☐ Yes. | Give spe | cific information a | bout them | | | |
| 26. | | | | | ets, and other intellectuoroceeds from royalties a | ual property and licensing agreements | |
| | ☐ Yes. | • | cific information a | | | | |
| | Examp ■ No | oles: Build | nises, and other ing permits, exclu cific information a | isive licenses | | n holdings, liquor licenses, professional licens | ses |
| M | onev or | nroperty | owed to you? | | | | Current value of the |
| 101 | oney or | ргоренту | owed to you: | | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | funds owe | ed to you | | | | |
| | ☐ Yes. | Give spec | cific information al | bout them, in | cluding whether you alre | eady filed the returns and the tax years | |
| 29. | | support ples: Past | due or lump sum | alimony, spo | usal support, child supp | ort, maintenance, divorce settlement, propert | y settlement |
| | | Give spec | cific information | | | | |
| 30. | Examp | oles: Unpa | someone owes y iid wages, disabili fits; unpaid loans | ty insurance | | efits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| | ■ No □ Yes. | Give spe | cific information | | | | |
| | | | rance policies h, disability, or life | e insurance; ł | health savings account (| HSA); credit, homeowner's, or renter's insura | nce |
| | | Name the | insurance compa | any of each p | olicy and list its value. | | |
| | | | Com | pany name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you a | | neficiary of a livin | | someone who has die ct proceeds from a life in | ed surance policy, or are currently entitled to rec | ceive property because |
| | ■ No □ Yes. | Give spe | cific information | | | | |
| 33. | | | | | you have filed a lawsu surance claims, or right | it or made a demand for payment s to sue | |
| | | Describe | each claim | | | | |
| 34. | Other o | contingen | nt and unliquidat | ed claims of | every nature, includin | g counterclaims of the debtor and rights t | o set off claims |
| | | Describe | each claim | | | | |
| 35. | Any fin ■ No | ancial as | sets you did not | already list | | | |
| | | Give spe | cific information | | | | |
| 36 | | | | | | ny entries for pages you have attached | \$20.00 |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

| Debt | tor 1 | Daryl L. Smith | Document | Page 17 of | 67 Case number (if known) | |
|----------------|-------------|---|---------------------------------------|-----------------------|------------------------------|--|
| 37. D o | o you c | own or have any legal or equitable interest in | n any business-related pr | operty? | | |
| | No. Go | to Part 6. | | | | |
| | Yes. G | so to line 38. | | | | |
| | | | | | | |
| Part 6 | | scribe Any Farm- and Commercial Fishing-I ou own or have an interest in farmland, list it in | | n or Have an Interest | ln. | |
| 46. D | ο γοι | own or have any legal or equitable ir | nterest in any farm- or | commercial fishi | ng-related property? | |
| ı | No. | Go to Part 7. | | | | |
| I | ☐ Yes | Go to line 47. | | | | |
| | | | | | | Current value of the portion you own? Do not deduct secured |
| | | | | | | claims or exemptions. |
| Part 7 | 7: De | scribe All Property You Own or Have an Inte | erest in That You Did Not | List Above | | |
| | Examp No | have other property of any kind you obles: Season tickets, country club memb | | | | |
| 54. | Add t | he dollar value of all of your entries fr | om Part 7. Write that | number here | | \$0.00 |
| Part 8 | B: Lis | t the Totals of Each Part of this Form | | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | | \$13,760.00 | | |
| 57. | Part 3 | 3: Total personal and household items | s, line 15 | \$3,100.00 | | |
| 58. | Part 4 | l: Total financial assets, line 36 | | \$20.00 | | |
| 59. | Part 5 | i: Total business-related property, line | e 45 | \$0.00 | | |
| 60 | Dort 6 | . Total form and fishing valeted area | erty line E2 | | | |
| | | 6: Total farm- and fishing-related prop | <u> </u> | \$0.00 | | |
| 61. | rant I | : Total other property not listed, line | · · · · · · · · · · · · · · · · · · · | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 throug | h 61 | \$16,880.00 | Copy personal property total | \$16,880.00 |
| 63. | Total | of all property on Schedule A/B. Add | ine 55 + line 62 | | | \$16.880.00 |

Official Form 106A/B

| | | DUCUITIC | THE TAUC TO UT U | <i></i> |
|---------------------|--------------------------|--------------------|------------------|---------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Daryl L. Smith | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | GEORGIA | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | Part 1: | Identify | / the | Property | You | Claim | as | Exem | pt |
|--|---------|----------|-------|----------|-----|-------|----|------|----|
|--|---------|----------|-------|----------|-----|-------|----|------|----|

| 1. | Which set of exem | ptions are you claiming | ? Check one only. | even if your s | pouse is filing with | you. |
|----|-------------------|-------------------------|-------------------|----------------|----------------------|------|
|----|-------------------|-------------------------|-------------------|----------------|----------------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| | - | | | |
|---|--------------------------------------|-----|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Misc. Kitchen Items, Misc. Pictures, Misc. Tables, Misc. Lamps, Misc. | \$250.00 | | \$250.00 | O.C.G.A. § 44-13-100(a)(4) |
| Household Decorating Items, Misc. Household Tools, Misc. Hobby Items, and Misc. Recreation Supplies Line from Schedule A/B: 6.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| Microwave, push mower, freezer, 2 BR Set, DR Set, Den Set, TV, Riding | \$2,000.00 | | \$2,000.00 | O.C.G.A. § 44-13-100(a)(4) |
| Mower, Washer, Dryer, Refrigerator, Stove, 2006 Computer, Printer, Lawn Furniture, Gas Grill, wrenches, 2 Chain Saws, Skill Saws, drills, Table Saw, Log Trailer Jack, AC Unit, 22 pisto Line from Schedule A/B: 6.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Tv, computer & printer Line from Schedule A/B: 7.2 | \$200.00 | | \$200.00 | O.C.G.A. § 44-13-100(a)(4) |
| Life from Schedule AVB. 1-2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2 TVS Line from Schedule A/B: 7.1 | \$100.00 | | \$100.00 | O.C.G.A. § 44-13-100(a)(6) |
| Line nom <i>Schedule AVD</i> . 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 19 of 67

Debtor 1 Daryl L. Smith

| | description of the property and line on dule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|------|---|--------------------------------------|-----|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | hing from Schedule A/B: 11.1 | \$250.00 | | \$250.00 | O.C.G.A. § 44-13-100(a)(4) |
| Line | IIOIII Scriedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | c. Jewelry | \$50.00 | | \$50.00 | O.C.G.A. § 44-13-100(a)(5) |
| Line | Hom Scriedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| cash | 1 from <i>Schedule A/B</i> : 16.1 | \$20.00 | | \$20.00 | O.C.G.A. § 44-13-100(a)(6) |
| LIHE | HOITI Scriedule A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| | | Document | Page 20 | 0 of 67 | _ | |
|------------------------------------|---------------------------|---|-------------------|-----------------------------|-------------------------|--------------------|
| Fill in this informa | ntion to identify you | ır case: | | | | |
| Dobtor 1 | Damid L. Cresith | | | | | |
| Debtor 1 | Daryl L. Smith First Name | Middle Name | Last Name | | | |
| Debtor 2 | i ii st i vaine | Widdle Harrie | Lastivanie | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| (-1, 3, | | | | | | |
| United States Bank | ruptcy Court for the: | MIDDLE DISTRICT OF GEORG | ·IΑ | | | |
| | | | | | | |
| Case number | | | | | Charle | if their in on |
| (II KIIOWII) | | | | | | if this is an |
| | | | | | ameno | ed filing |
| Official Form | 106D | | | | | |
| Official Form | | | | | | |
| Schedule D |): Creditors | Who Have Claims S | Secure | d by Property | <i>1</i> | 12/15 |
| | | | | <u> </u> | | |
| | | two married people are filing together, number the entries, and attach it to this | | | | |
| known). | itionari age, ilirit out, | number the entries, and attach it to this | s ioiiii. Oii tii | ie top of any additional pa | ges, write your name ar | id case number (ii |
| 1. Do anv creditors ha | ve claims secured by | vour property? | | | | |
| <u> </u> | _ | | aabadulaa ' | Vari baya nathing alaa t | a rapart on this form | |
| ino. Check tr | nis dox and submit ti | his form to the court with your other | scriedules. | You have nothing else to | o report on this form. | |
| Yes. Fill in a | II of the information | below. | | | | |
| Part 1: List All S | Secured Claims | | | | | |
| | | | | , Column A | Column B | Column C |
| | | nore than one secured claim, list the credit articular claim, list the other creditors in Pa | | | Value of collateral | Unsecured |
| | | er according to the creditor's name. | 211 2. 713 IIIuoi | Do not deduct the | that supports this | portion |
| | | | | value of collateral. | claim | If any |
| 2.1 Family Ban | k/Pelham | Describe the property that secures the | e claim: | \$4,283.00 | \$13,760.00 | \$0.00 |
| Creditor's Name | | 96 Redman DW MH & 90 | | | | |
| | | Freightliner | | | | |
| | | at 412 John Sam Rd. | | | | |
| P.O. Box 64 | 17 | As of the date you file, the claim is: Chapply. | neck all that | | | |
| Pelham, GA | 31779 | ☐ Contingent | | | | |
| Number, Street, Ci | ity, State & Zip Code | ☐ Unliquidated | | | | |
| rtambor, ourout, or | ny, otato a zip ocac | ☐ Disputed | | | | |
| Who owes the debt | ? Check one | Nature of lien. Check all that apply. | | | | |
| _ | | ☐ An agreement you made (such as mo | ortaage or sec | rured | | |
| Debtor 1 only | | car loan) | origage or sec | burcu | | |
| Debtor 2 only | | , | | | | |
| Debtor 1 and Debto | , | ☐ Statutory lien (such as tax lien, mech | anic's lien) | | | |
| At least one of the | | ☐ Judgment lien from a lawsuit | NI | | | |
| ☐ Check if this claim | n relates to a | Other (including a right to offset) | Non | _ | | |
| community debt | | | purchas | <u>se</u> | | |
| Date debt was incurre | ed | Last 4 digits of account numbe | er | | | |
| | | | | | | |
| 2.2 Farmers Fu | rniture | Describe the property that secures the | e claim: | \$962.00 | \$250.00 | \$712.00 |
| Creditor's Name | | LR set | | | | |
| | | | | | | |
| Corporate C | Credit | As of the data you file the claim is on | 11 41 4 | | | |
| P.O. Box 11 | 40 | As of the date you file, the claim is: Chapply. | ieck all that | | | |
| Dublin, GA | 31040 | ☐ Contingent | | | | |
| Number, Street, Ci | ity, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mo | ortgage or sec | cured | | |
| Debtor 2 only | | car loan) | 5 5 | | | |
| Debtor 1 and Debtor | or 2 only | Ctatutony lian (auch as tay lian asset | aniola lical | | | |
| _ | - | Statutory lien (such as tax lien, mech | ariic s ilett) | | | |
| At least one of the | | ☐ Judgment lien from a lawsuit | | | | |
| Check if this claim community debt | n relates to a | Other (including a right to offset) | | | | |
| community debt | | | | | | |
| Date debt was incurre | ed 2007 | Last 4 digits of account numbe | er . | | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 21 of 67

| Debtor 1 Daryl L. Smith | Ca | ase number (if know) | | |
|---|---|----------------------|-------------|----------|
| First Name Middle N | lame Last Name | | | |
| 2.3 Georgia Department Of Revenue Creditor's Name | Describe the property that secures the claim: | \$300.00 | \$0.00 | \$300.00 |
| 1105 W. Broad , Ste D Albany, GA 31707 Number, Street, City, State & Zip Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or secure | ed | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) tax lien | | | |
| Date debt was incurred | Last 4 digits of account number LIEN | | | |
| Georgia Department Of | | **** | 44.55 | A |
| Revenue | Describe the property that secures the claim: | \$868.00 | \$0.00 | \$868.00 |
| Creditor's Name | SALES TAX LIEN | | | |
| | | | | |
| | | | | |
| 1105 W. Broad , Ste D Albany, GA 31707 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Hamber, Greek, City, State & Zip Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| _ | ☐ An agreement you made (such as mortgage or secure | ad. | | |
| Debtor 1 only | car loan) | eu . | | |
| Debtor 2 only | ou. lourly | | | |
| ☐ Debtor 1 and Debtor 2 only | ■ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| 4/2007 | | | | |
| sales tax Date debt was incurred lien | Last 4 digits of account number 0030 | | | |
| Date debt was incurred IIEII | | | | |
| Georgia Department Of Revenue | Describe the property that secures the claim: | \$2,257.00 | \$22,570.00 | \$0.00 |
| Creditor's Name | STATE TAX LIEN REV426700031 | | | |
| | OTATE TAX EIEN NEV420700001 | | | |
| | | | | |
| 1105 W. Broad , Ste D | As of the date you file, the claim is: Check all that apply. | | | |
| Albany, GA 31707 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secure | ed | | |
| Debtor 2 only | car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred 1/2002 | Last 4 digits of account number 0031 | | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 22 of 67

| Deb | tor 1 Daryl L. Sı | mith | | Case number (if know) | | |
|------|--|--------------------------------|--|--------------------------------|--------------|------------|
| | First Name | Middle N | ame Last Name | | | |
| 2.6 | Georgia Depar Revenue | tment Of | Describe the property that secures the claim: | \$703.00 | \$0.00 | \$703.00 |
| | Creditor's Name | | TAX LIEN REV11092545 | | | |
| | | | | | | |
| | 1105 W. Broad Albany, GA 31 | | As of the date you file, the claim is: Check all that apply. Contingent | J | | |
| | Number, Street, City, S | | ☐ Unliquidated | | | |
| | | | Disputed | | | |
| Who | o owes the debt? C | heck one. | Nature of lien. Check all that apply. | | | |
| | Debtor 1 only | | An agreement you made (such as mortgage or s | secured | | |
| | Debtor 2 only | | car loan) | | | |
| _ | Debtor 1 and Debtor 2 | • | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| | at least one of the deb | tors and another | Judgment lien from a lawsuit | | | |
| | Check if this claim re community debt | lates to a | Other (including a right to offset) | | | |
| | | 2003 State | | | | |
| Date | debt was incurred | Tax lien filed 9/15/11 | Last 4 digits of account number 254 | 5 | | |
| | Islam Ahmed | d/b/a Zip | | | | |
| 2.7 | Trip | <u>.</u> | Describe the property that secures the claim: | \$2,855.00 | \$0.00 | \$2,855.00 |
| | Creditor's Name | | judgment 8CV0841 | | | |
| | 743 Oak Moun NW | tain Road | | | | |
| | Kennesaw, GA | \ | As of the date you file, the claim is: Check all that | 1 | | |
| | 30152-5204 | • | apply. □ Contingent | | | |
| | Number, Street, City, S | State & Zip Code | ☐ Unliquidated | | | |
| | | | ■ Disputed | | | |
| Who | owes the debt? C | heck one. | Nature of lien. Check all that apply. | | | |
| | Debtor 1 only Debtor 2 only | | ☐ An agreement you made (such as mortgage or s car loan) | secured | | |
| | Debtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| | at least one of the deb | • | Judgment lien from a lawsuit | | | |
| | Check if this claim re | lates to a | Other (including a right to offset) | | | |
| | community debt | | | | | |
| Date | debt was incurred | 4/07 Judgment #08CV0841 | Last 4 digits of account number 084 | 1 | | |
| | | | | | | |
| | | | | 440,000,00 | | |
| | | = | olumn A on this page. Write that number here: the dollar value totals from all pages. | \$12,228.00 | | |
| | rite that number here | • | ine donar value totais irom an pages. | \$12,228.00 | | |
| Pari | 2: List Others t | o Be Notified fo | or a Debt That You Already Listed | | | |
| Use | this page only if you | have others to be | e notified about your bankruptcy for a debt that you | | | |
| cred | | bts that you listed this page. | omeone else, list the creditor in Part 1, and then li I in Part 1, list the additional creditors here. If you | | | |
| | Decatur Co. N | lagistrate Coเ | | line in Part 1 did you enter t | he creditor? | 2.1 |
| | 912 Spring Cr Bainbridge, G | | Last 4 digi | ts of account number | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 23 of 67

| Debt | or 1 Daryl L. Smith | | | Case number (if know) | |
|------|--------------------------------------|-------------|-----------|---|-----|
| | First Name | Middle Name | Last Name | | |
| | Name Address | | | | |
| | Decatur Co. Super P.O. Box 336 | rior Court | | On which line in Part 1 did you enter the creditor? | 2.3 |
| | Bainbridge, GA 39 | 818 | | Last 4 digits of account number | |
| | Name Address | | | | |
| | Decatur Co. Super | rior Court | | On which line in Part 1 did you enter the creditor? | 2.4 |
| | P.O. Box 336 Bainbridge, GA 39 | 818 | | Last 4 digits of account number | |
| | Name Address | | | | |
| | Decatur Co. Super P.O. Box 336 | rior Court | | On which line in Part 1 did you enter the creditor? | 2.5 |
| | Bainbridge, GA 39 | 818 | | Last 4 digits of account number | |
| | Name Address | | | | |
| | Randall E. Chew F Attorney At Law | P.C. | | On which line in Part 1 did you enter the creditor? | 2.1 |
| | P.O. Box 664 | | | Last 4 digits of account number | |
| | Pelham, GA 31779 | | | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Page 24 of 67 Document Fill in this information to identify your case: Debtor 1 Daryl L. Smith Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name MIDDLE DISTRICT OF GEORGIA United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount 2.1

| Decatur Co. Tax Collector | Last 4 digits of account number | 2008 | \$ | 1,565.00 | \$ 1,565.00 | \$ | \$0.00 |
|--|--------------------------------------|------------------|-----------|----------|----------------|----|--------|
| Priority Creditor's Name P.O. Box 246 Bainbridge, GA 39818 | When was the debt incurred? | 2007 & 20 | 08 | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all th | at apply | , | | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | | | | |
| Debtor 1 only | · · | | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | П | | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| ☐ At least one of the debtors and another | | | | | | | |
| ☐ Check if this claim is for a community debt | Type of PRIORITY unsecured cla | im: | | | | | |
| Is the claim subject to offset? | ☐ Domestic support obligations | | | | | | |
| ■ No | ■ Taxes and certain other debts y | ou owe the gov | ernment | | | | |
| Yes | ☐ Claims for death or personal inju | ury while you we | ere intox | icated | | | |
| | Other. Specify | | | | | | |
| | mh ta | axes/sticke | • | | | - | |

Debtor 1 Daryl L. Smith

Document Page 25 of 67
Case number (if know)

| 2.2 | | | | |
|--------|---|---|--------------------|---------------|
| | Internal Revenue Service | Last 4 digits of account number 2007 \$ 380.00 \$ | 380.00 \$ | \$0.00 |
| | Priority Creditor's Name Bankruptcy Unit, Stop 334-D 401 W. Peachtree St. NW | When was the debt incurred? | | |
| | Atlanta, GA 30308 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | | | |
| | ☐ Check if this claim is for a community debt | Type of PRIORITY unsecured claim: | | |
| | Is the claim subject to offset? | ☐ Domestic support obligations | | |
| | No | Taxes and certain other debts you owe the government | | |
| | Yes | ☐ Claims for death or personal injury while you were intoxicated | | |
| | | Other. Specify Income Tax | | |
| | | | | |
| Part 2 | List All of Your NONPRIORITY Uns | secured Claims | | |
| 3. | Do any creditors have nonpriority unsecured | d claims against you? | | |
| | ☐ No. You have nothing to report in this part. § | Submit this form to the court with your other schedules. | | |
| | Yes. | | | |
| 4 | List all of your pappriority uposcured claims | in the alphabetical order of the creditor who holds each claim. If a creditor has mor | o than and name | ority |
| 4. | unsecured claim, list the creditor separately for than one creditor holds a particular claim, list th | e other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill or | idy included in Pa | rt 1. If more |
| | Part 2. | | Total claim | 1 |
| 4.1 | A | | | |
| 4.1 | Aaron's Sales & Leasing Priority Creditor's Name | Last 4 digits of account number | \$ | 267.00 |
| | 1400 Tallahassee Hwy Bainbridge, GA 39817 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | Contingent | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Old Account | | |
| | | | | |
| 4.2 | Alabama Child Support Enforcement Div. | Last 4 digits of account number | \$ | 18,095.00 |
| | Priority Creditor's Name | | Ť | <u> </u> |
| | Coffee County Department Of Human Resour | When was the debt incurred? | | |
| | P.O. Box 311665 Enterprise, AL 36331 | | | |
| | Number Street City State Zln Code | As of the date you file, the claim is: Check all that apply | | |

Official Form 106 E/F

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 26 of 67

| Case number (if know) | | |
|---|---|---|
| □ Continues | | |
| ☐ Contingent | | |
| ☐ Unliquidated | | |
| □ Disputed | | |
| · | | |
| <u></u> | | |
| ☐ Student loans | | |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| \square Debts to pension or profit-sharing plans, and other similar debts | | |
| ☐ Other. Specify | | |
| CHILD SUPPORT/will keep paying | | |
| Last 4 digits of account number | \$ | 2,200.00 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| Contingent | | |
| Contangent | | |
| ☐ Unliquidated | | |
| Disputed | | |
| Type of NONPRIORITY unsecured claim: | | |
| ☐ Student loans | | |
| | | |
| \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| lacktriangle Debts to pension or profit-sharing plans, and other similar debts | | |
| Other. Specify All Medicals | | |
| Last 4 digits of account number | \$ | 870.00 |
| When was the debt incurred? | · | |
| As of the date you file, the claim is: Check all that apply | | |
| ☐ Contingent | | |
| <u> </u> | | |
| ☐ Unliquidated | | |
| Disputed | | |
| Type of NONPRIORITY unsecured claim: | | |
| ☐ Student loans | | |
| ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| not report as priority dains | | |
| ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CHILD SUPPORT/will keep paying Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Other. Specify All Medicals Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Disputed Disputed Type of NONPRIORITY unsecured claim: Student loans Disputed Disputed | Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Obts to pension or profit-sharing plans, and other similar debts □ Other. Specify CHILD SUPPORT/will keep paying Last 4 digits of account number S ■ When was the debt incurred? As of the date you file, the claim is: Check all that apply □ Contingent □ Unliquidated ■ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify All Medicals Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply □ Contingent □ Unliquidated ■ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did |

4.5 **Best Buy Autos**Priority Creditor's Name

Last 4 digits of account number

1309

10,222.00

| Debtor | 1 Daryl L. Smith | Document Page 27 of 67 Case number (if know) | | |
|--------|--|---|----|------|
| | 3343 Peachtree Rd NE Ste 200 Atlanta, GA 30326-1420 | When was the debt incurred? 2007 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify purchase money 2001 Dodge Ram 1500 Surrendered | | |
| 4.6 | Charlotte Rambo | Last 4 digits of account number | \$ | 1.00 |
| | Priority Creditor's Name 6110 Brackin Rd. | When was the debt incurred? | Ψ | |
| | Donalsonville, GA 39845 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify auto accident of 2/15/08 | | |
| 4.7 | Collection Bureau Of SW GA, | | | |
| | Inc. | Last 4 digits of account number | \$ | 1.00 |
| | Priority Creditor's Name P. O. Box 70898 Albany, GA 31708 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |

■ No

☐ Yes

Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

all collections

Debtor 1 Daryl L. Smith

Document Page 28 of 67
Case number (if know)

| 4.8 | Credit Bureau Associates/ Bainbridge Priority Creditor's Name P.O. Box 1929 Bainbridge, GA 39818 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans | \$ 1.00 |
|------|---|---|----------------|
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify all collections | |
| 4.10 | Decatur Co. Tax Collector Priority Creditor's Name P.O. Box 246 Bainbridge, GA 39818 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Property taxes | \$ 1,565.00 |
| 4.10 | Priority Creditor's Name P. O. Box 2635 Waterloo, IA 50704-2635 Number Street City State Zlp Code | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply | \$ 6,110.00 |

| Debto | r 1 Daryl L. Smith | Document | Page | 29 of 67 Case number (if know) | | |
|-------|---|---|-----------------|--|----|----------|
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORIT | Y unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising not report as priority cla | | aration agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension o | r profit-sharii | ng plans, and other similar debts | | |
| | Yes | Other. Specify | COLL | ECTION | | |
| 4.11 | Family Bank/Pelham | Last 4 digits of accou | ınt number | | \$ | 2,097.00 |
| | Priority Creditor's Name P.O. Box 647 Palls or 64 24770 | When was the debt in | ncurred? | 6/6/08 | | |
| | Pelham, GA 31779 Number Street City State Zlp Code | As of the date you file | e, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORIT | Y unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension o | r profit-sharii | ng plans, and other similar debts | | |
| | Yes | ■ Other. Specify | push debto | D'D John Deere Zero-turn Mower, mower, weedeater, edger or cosigned only/ surrendered est to son in last Chapter 13 | | |
| 4.12 | Fingerhut | Last 4 digits of accou | ınt number | | \$ | 230.00 |
| | Priority Creditor's Name 6250 Ridgewood Rd. St. Cloud, MN 56303 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code | As of the date you file | e, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORIT | Y unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising not report as priority cla | | aration agreement or divorce that you did | | |
| | No | Debts to pension o | r profit-sharii | ng plans, and other similar debts | | |
| | Yes | Other. Specify | misc | cc purchases | | |
| 4.13 | First National Bank Of Decatur | Last 4 digits of accou | int number | | • | 261.00 |

Priority Creditor's Name

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 30 of 67

| eptoi | Daryi L. Smith | Case number (if know) | |
|-------|---|--|----------------|
| | 819 E. Shotwell St. Bainbridge, GA 39819 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Old Account | |
| .14 | First Premier Bank | Last 4 digits of account number 4460 | \$ 412.00 |
| | Priority Creditor's Name Bankruptcy Dept. P.O. Box 2208 | When was the debt incurred? 2006 | |
| | Vacaville, CA 95696 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify misc cc purchases | |
| .15 | Georgia Department Of Revenue | Last 4 digits of account number | \$ 3,060.00 |
| | Priority Creditor's Name 1105 W. Broad , Ste D Albany, GA 31707 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify old taxes | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 31 of 67

| r 1 Daryl L. Smith | | Case number (if know) | | |
|--|--|---|-----|-----------|
| Georgia Dept of Public Safety | Last 4 digits of account number | 2412 | \$ | 1,810.00 |
| Priority Creditor's Name P.O. Box 1456 | When was the debt incurred? | 6/07 | | |
| Atlanta, GA 30371 Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | |
| ■ Debtor 1 only | - | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a separ not report as priority claims | ation agreement or divorce that you did | | |
| No | Debts to pension or profit-sharing | plans, and other similar debts | | |
| Yes | Other. Specify | eight citation for semi | | |
| Georgia Power | Last 4 digits of account number | | \$ | 93.00 |
| Priority Creditor's Name P.O. Box 105537 Atlanta, GA 30348 | When was the debt incurred? | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | |
| ■ Debtor 1 only | - | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separ not report as priority claims | ation agreement or divorce that you did | | |
| ■ No | ☐ Debts to pension or profit-sharing | plans, and other similar debts | | |
| Yes | ■ Other. Specify collect | ion | | |
| GMAC | Last 4 digits of account number | | \$ | 22,000.00 |
| Priority Creditor's Name | - | | · — | |
| Attn: Customer Service P.O. Box 380902 Plannington MN 55438 0003 | When was the debt incurred? | 2/08 | | |
| Bloomington, MN 55438-0902 Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | | |

| Debto | r 1 Daryl L. Smith | Document | Page 32 of 67 Case number (if know) | |
|-------|--|---|--|--------------|
| | | _ | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORIT | Y unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising | out of a separation agreement or divorce that you did aims | |
| | ■ No | Debts to pension o | r profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | son's 2006 Chev Silverado/repod NOT DEBTOR'S DEBT! | |
| 4.19 | Hughston Clinic P.C. | Last 4 digits of accou | ınt number | \$ 400.00 |
| | Priority Creditor's Name 6262 Veterans Parkway | When was the debt in | | |
| | Columbus, GA 31909 Number Street City State Zlp Code | As of the date you file | e, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | cogo | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORIT | Y unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | _ | | |
| | Is the claim subject to offset? | ☐ Obligations arising not report as priority of | out of a separation agreement or divorce that you did aims | |
| | ■ No | ☐ Debts to pension o | r profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | All Medicals | |
| 4.20 | John W. McGee | Last 4 digits of accou | unt number | \$ 1.00 |
| | Priority Creditor's Name | · · | | |
| | 466 Woodhull Rd. Bainbridge, GA 39819 | When was the debt in | ocurred? 08 | |
| | Number Street City State Zlp Code | As of the date you file | e, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORIT | Y unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising | out of a separation agreement or divorce that you did | |
| | ■ No | _ ' ' ' | r profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | auto accident of 2/15/08 | |
| | | | | |
| 4.21 | Johnny Brantley PC | Last 4 digits of accou | ınt number | \$ 1.00 |
| | Priority Creditor's Name 1340 Baker Hwy W. Douglas, GA 31533 | When was the debt in | ncurred? | |

| | Case 15-11683 Doc 1 | Filed 12/29/15 Document | Entered 12/29/15 11:59:17 Page 33 of 67 | Desc Main |
|--------|--|---|---|-----------|
| Debtor | Daryl L. Smith | Boodinone | Case number (if know) | |
| | Number Street City State Zlp Code | As of the date you file, | the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | Ŭ | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising o | ut of a separation agreement or divorce that you did ms | |
| | ■ No | Debts to pension or p | profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | SSI attorney | |
| 4.22 | Lauranaa Craith Latiffani 0 | | | |
| 4.22 | Lawrence Smith, Latiffani & Nytifarene | Last 4 digits of accoun | t number 6CAA | \$1.00 |
| | Priority Creditor's Name C/O Knowles & Randolph, | When was the debt inc | eurred? 8/7/07 | |
| | Attorneys | | <u> </u> | |
| | 3065 Highland Oaks Terrace | | | |
| | Tallahassee, FL 32301 Number Street City State Zlp Code | As of the date you file, | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ☐ Debtor 1 only | - Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ■ At least one of the debtors and another | Type of NONPRIORITY | unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising o not report as priority clai | ut of a separation agreement or divorce that you did ms | |
| | No | Debts to pension or p | profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | Judgment NO: 09001106CAA AUTO ACCIDENT | |
| 4.23 | LVNV Funding | Last 4 digits of accoun | nt number | \$ 302.00 |
| | Priority Creditor's Name P.O Box 10587 | When was the debt inc | urred? | |
| | Greenville, SC 29603 | | | |
| | Number Street City State Zlp Code | As of the date you file, | the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising o | ut of a separation agreement or divorce that you did ms | |
| | ■ No | Debts to pension or p | profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | All collections | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 34 of 67

| Debto | Daryl L. Smith | Case number (if know) | |
|-------|---|---|----------------|
| 4.24 | Midland Credit Mgt Priority Creditor's Name | Last 4 digits of account number | \$ 9,732.00 |
| | 8875 Aero Drive, Suite 200 San Diego, CA 92123 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify collection | |
| 4.25 | Raford Miller | Last 4 digits of account number | \$ 1.00 |
| | Priority Creditor's Name 8179 Old Pelham Rd. Vada. GA 39897 | When was the debt incurred? purchase money | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Bulldozer SURRENDERED TO HIM in former bankruuptcy. | |
| 4.26 | RTO Rentals | Last 4 digits of account number 1080 | \$ 3,392.00 |
| | Priority Creditor's Name | When we do do to the income do 4/00 | |
| | 309 N. Market Street P. O. Box 489 | When was the debt incurred? 4/08 | |
| | Paris, TN 38242 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |

| Debto | 1 Daryl L. Smith | Document | Page | 35 of 67 Case number (if know) | | |
|-------|---|---|-----------------|---|----|----------|
| | Who incurred the debt? Check one. | Пол | _ | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORIT | TY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising | | aration agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension o | r profit-sharir | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify | | o own ge Building/SURRENDERED HS DEBT! | | |
| 4.27 | Shawn Keith Smith | Last 4 digits of accou | ınt number | 4575 | \$ | 1.00 |
| | Priority Creditor's Name 408 Hales Landing Rd. | When was the debt in | | | Ψ | |
| | Bainbridge, GA 39817 Number Street City State Zlp Code | As of the date you file | e, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | , | | |
| | Debtor 1 only | - Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORIT | TY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | Debts to pension o | r profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify | | oyee/filed WC claim after auto ent 4/4/08. | | |
| 4.28 | South Georgia Anesthesia Associates | Last 4 digits of accou | unt number | | \$ | 4,500.00 |
| | Priority Creditor's Name P.O. Box 2125 | When was the debt in | ncurred? | | | |
| | Columbus, GA 31902 Number Street City State Zlp Code | As of the date you file | e, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORIT | TY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising not report as priority cl | | aration agreement or divorce that you did | | |
| | ■ No | Debts to pension o | r profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify | All Me | edicals | | |
| 4.29 | Southern Bone & Joint | Last 4 digits of accou | | | | 25.00 |

Priority Creditor's Name

Official Form 106 E/F

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 36 of 67

Case number (if know)

| Denio | Daryi L. Silliuli | Case number (il know) | | |
|-------|--|---|----|--------|
| | 1500 Ross Clark Circle Dothan, AL 36301 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify All Medicals | | |
| 4.30 | T-Mobile | Last 4 digits of account number 7986 | \$ | 155.00 |
| | Priority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 53410 | When was the debt incurred? | | |
| | Bellevue, WA 98015 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Old phone bill | _ | |
| 4.31 | Verizon - MCI - Telecom | Last 4 digits of account number | \$ | 791.00 |
| | Priority Creditor's Name P. O. Box 31303 | When was the debt incurred? | | |
| | Salt Lake City, UT 84131 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | _ | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Old phone bill | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 37 of 67

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is

Debtor 1 Daryl L. Smith Case number (if know)

| Part 3: | List Others to Be Notified About a Debt That You Already | v I isted |
|---------|--|-----------|
| | | |

trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name Address On which entry in Part 1 or Part2 did you list the original creditor? Afni Bloom Line 4.30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 404 Brock Ave. Part 2: Creditors with Nonpriority Unsecured Claims **Bloomington, IL 61702** Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Agnew & Agnew Line **4.27** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 1175 ■ Part 2: Creditors with Nonpriority Unsecured Claims Columbus, GA 31902 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Carr Allison Line **4.22** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Matthew D. Liebenhaut ■ Part 2: Creditors with Nonpriority Unsecured Claims 305 South Gadsen Tallahassee, FL 32301 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? CBE Group Line **4.10** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 2635 ■ Part 2: Creditors with Nonpriority Unsecured Claims Waterloo, IA 50704 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Christina L. Folsom Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 1547 Part 2: Creditors with Nonpriority Unsecured Claims Valdosta, GA 31603 Last 4 digits of account number On which entry in Part 1 or Part2 did you list the original creditor? Name Address **Decatur Co. Superior Court** Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 336 Part 2: Creditors with Nonpriority Unsecured Claims Bainbridge, GA 39818 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? First National Collection Bureau, Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Inc. Part 2: Creditors with Nonpriority Unsecured Claims 610 Waltham Way Sparks, NV 89434 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? **Gadsden County Clerk Of Court** Line **4.22** of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 1649 Part 2: Creditors with Nonpriority Unsecured Claims Quincy, FL 32353-1649 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Lachaelle Maller Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 6886 County Rd. 306 Part 2: Creditors with Nonpriority Unsecured Claims Elba, AL 36323 Last 4 digits of account number On which entry in Part 1 or Part2 did you list the original creditor? Name Address LVNV Funding, LLC Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Resurgent Capital Services** ■ Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 10587

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17

| Debtor 1 Daryl L. Smith | Document Pag | Je 38 of 67 Case number (if know) | | | | | |
|---|---|--|--|--|--|--|--|
| Greenville, SC 29603-0587 | Last 4 digits of account number | | | | | | |
| Name Address NPAS, Inc. P.O. Box 99400 Louisville, KY 40269 | On which entry in Part 1 of Line 4.19 of (Check one): Last 4 digits of account n | or Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims umber | | | | | |
| Name Address Progressive Insurance Co. Attn: Mr. Jason Ward 1701 Hermitage Blvd Tallahassee, FL 32308 | On which entry in Part 1 of Line 4.22 of (Check one): Last 4 digits of account n | or Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Name Address Randall E. Chew P.C. Attorney At Law P.O. Box 664 Pelham, GA 31779 | On which entry in Part 1 of Line 4.11 of (Check one): Last 4 digits of account n | or Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims umber | | | | | |
| Name Address State Board Of Worker's Compensation 270 Peachtree St. NW Atlanta, GA 30303 | Line 4.27 of (Check one): | or Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | Last 4 digits of account n | umber | | | | | |
| Name Address Trident Asset Management 5755 Northpoint Pkwy, Ste 12 | On which entry in Part 1 of Line 4.1 of (Check one): | or Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nappriority Unsecured Claims | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

Alpharetta, GA 30022

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Last 4 digits of account number

■ Part 2: Creditors with Nonpriority Unsecured Claims

| | | | | Total claim | |
|--------------|-----|---|-----|-------------|-----------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 1,945.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 1,945.00 |
| | | | | Total Claim | |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 18,095.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 70,502.00 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 88,597.00 |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main

| | | Docume | TIL TAUC 33 01 07 | |
|---------------------|--------------------------|--------------------|-------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Daryl L. Smith | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | GEORGIA | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 RTO Rentals 309 N. Market Street P. O. Box 489 Paris, TN 38242 rent to own Storage Bldg/SURRENDER!

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main

| | | Document | Page 40 of 67 | |
|----------------------------|--|--|---|--|
| Fill in this | s information to identify your | case: | | |
| Debtor 1 | Daryl L. Smith | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 Spouse if, fil | ling) First Name | Middle Name | Last Name | |
| | <u>.</u> | MIDDLE DISTRICT OF GE | OPGIA | |
| United Sta | ates Bankruptcy Court for the: | MIDDLE DISTRICT OF GET | ORGIA | |
| Case num (if known) | nber | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | |
| | dule H: Your Cod | ohtors | | 12/15 |
| Scried | ule n. Tour Cou | EDIOI 2 | | 12/15 |
| eople are | e filing together, both are equ | ally responsible for supplying boxes on the left. Attach the | you may have. Be as complete and ac ng correct information. If more space e Additional Page to this page. On th | is needed, copy the Additional Page, |
| 1. Do | you have any codebtors? (If | you are filing a joint case, do r | not list either spouse as a codebtor. | |
| □ No | | | | |
| ■ Ye | S | | | |
| | | | erty state or territory? (Community pro | |
| _ | | | 3 , , , , , , , , , , , , , , , , , , , | - , |
| ` | . Go to line 3. | | | |
| ⊔ Ye | s. Did your spouse, former spo | use, or legal equivalent live wi | th you at the time? | |
| in line Form | e 2 again as a codebtor only i | f that person is a guarantor | | filing with you. List the person show ed the creditor on Schedule D (Officia e D, Schedule E/F, or Schedule G to |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | e creditor to whom you owe the debt edules that apply: |
| | | | | |
| 3.1 | Christopher D. Smith | | ☐ Schedule | D, line |
| | 412 John Sam Rd. Bainbridge, GA 39817 | | | E/F, line <u>4.18</u> |
| | ballibridge, GA 39017 | | ☐ Schedule | G |
| | | | GMAC | |
| | | | | |
| | Christopher D. Smith 412 John Sam Rd. | | ☐ Schedule | |
| | Bainbridge, GA 39817 | | | E/F, line 4.11 |
| | 5 , | | ☐ Schedule Family Bank | |
| | | | | |
| 3.3 | Frederick A. Jones | | ☐ Schedule | |
| | 1108 S. West St. Bainbridge, GA 39812 | | | E/F, line 4.22 |
| | Dallibriuge, GA 33012 | | ☐ Schedule | |
| | | | Lawrence Si | nith, Latiffani & Nytifarene |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 41 of 67

| Eill | in this information to identify your c | 369. | | | | | | | |
|--------------------|--|---|--|-----------------------|--------------|-------------------------------|--------------------------------|-------------------------------|-------------------|
| | otor 1 Daryl L. Smi | | | | | | | | |
| | btor 2 | | | | _ | | | | |
| | ited States Bankruptcy Court for the | : MIDDLE DISTRICT O | F GEORGIA | | | | | | |
| | se number | | | | _ | eck if this is: An amende | | | |
| _ | (i) F 100 | | | | | | | postpetition llowing date: | |
| <u>O</u> | fficial Form 106l | | | | | MM / DD/ Y | YYY | | |
| S | chedule I: Your Ince | ome | | | | | | | 12/15 |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filir r spouse is not filing wi | ng jointly, and your th you, do not inclu | spouse i de infori | is living wi | ith you, incl out your spe | ude inforn ouse. If mo | nation abou ore space is | t your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fili | ing spouse | |
| | If you have more than one job, | Employment status* | ☐ Employed | | | ■ Employed | | | |
| | attach a separate page with information about additional employers. | | ■ Not employed | | | ☐ Not employed | | | |
| | Include part-time, seasonal, or | Occupation | | | | MANAG | EK | | |
| | self-employed work. | Employer's name | | | | Tractor | Supply | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | Dept rginia Wa ood, TN 3 | | |
| | | How long employed th | | achment | for Additi | <u>8</u> onal Emplo | YRS yment Info | ormation | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If y | you have nothing to r | eport for | any line, w | rite \$0 in the | space. Inc | clude your no | n-filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the informatio | n for all e | employers t | for that perso | on on the li | nes below. If | you need |
| | | | | | For D | ebtor 1 | For Deb non-filin | tor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.00 | \$ | 2,390.68 | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 0.00 | \$_2 | 2,390.68 | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 42 of 67

| Debt | or 1 | Daryl L. Smith | | | Case | number (<i>if ki</i> | iowi | 7) | | | | |
|------|--------------------|--|---------|----------|-----------|-----------------------|------------|-----|--------------|----------|--------------|-----------------|
| | | | | | For | Debtor 1 | | | Fo | r Debtor | 2 or | ı |
| | | | | | . 0. | 202101 | | | | n-filing | | |
| | Cop | by line 4 here | 4 | | \$ | (| 0.0 | 0 | \$_ | 2 | ,390.68 | - |
| 5. | List | all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5 | a. | \$ | (| 0.0 | 0 | \$ | | 377.39 | |
| | 5b. | Mandatory contributions for retirement plans | 5 | b. | \$ | (| 0.0 | 0 | \$ | | 0.00 | - |
| | 5c. | Voluntary contributions for retirement plans | 5 | C. | \$ | (| 0.0 | 0 | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 5 | d. | \$ | (| 0.0 | 0 | \$ | | 0.00 | _ |
| | 5e. | Insurance | 5 | e. | \$ | (| 0.0 | 0 | \$_ | | 366.36 | _ |
| | 5f. | Domestic support obligations | | f. | \$_ | | 0.0 | _ | \$_ | | 0.00 | _ |
| | 5g. | Union dues | | g. | \$_ | | 0.0 | | \$_ | | 0.00 | _ |
| | 5h. | Other deductions. Specify: | | h.+ | · - | | | 0 - | _ | | 0.00 | _ |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6 | | \$_ | | 0.0 | | \$_ | | 743.75 | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7 | | \$_ | | 0.0 | 0 | \$_ | 1 | ,646.93 | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | | |
| | | monthly net income. | | a. | \$ | | 0.0 | _ | \$_ | | 0.00 | _ |
| | 8b. | Interest and dividends | | b. | \$_ | (| 0.0 | 0 | \$_ | | 0.00 | = |
| | 8c. | Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | • | _ | | • | • | | | |
| | 04 | settlement, and property settlement. | | c. d. | \$_ \$ | | 0.0 | | \$ \$ | | 0.00 | _ |
| | 8d. 8e. | Unemployment compensation Social Security | | u. e. | -\$ - | | 0.0 0.0 | _ | φ_ \$ | | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | | \$ | |).O | | \$ | | 0.00 | - |
| | 8g. | Pension or retirement income | 8 | g. | \$_ | | 0.0 | | \$ | | 0.00 | - |
| | Oh | Mom Contributes until his SSI | 0 | h . | . | 823 | s n | Λ | + \$ | | 0.00 | - |
| | 8h. | Other monthly income. Specify: starts | ° | h.+ | - \$_ | 02. | | | - Ф _ | | 0.00 | - |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9 | | \$ | 823 | 3.0 | 0 | \$_ | | 0.0 | 0 |
| 10. | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | | 823.00 | + | \$_ | 1 | ,646.93 | = \$ _ | 2,469.93 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedulude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are necify: | our dep | | | | | | | Schedu | le J. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The last that amount on the Summary of Schedules and Statistical Summary of Cellies | | | | | | | | | \$ | 2,469.93 |
| | _ | | | | | | | | | | Combi | ned y income |
| 13. | | you expect an increase or decrease within the year after you file this for No. | | | | 14 1 41 | | | | | | |
| | | Yes. Explain: Debtor has been approved to recieve social se does not know when it will start. Mom will con | ntribu | te | until | the SSI s | | | | DT \$823 | monthl | y, but |

Official Form 106I Schedule I: Your Income page 2

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 43 of 67

| Debtor 1 | Daryl L. Smith | Case number (if known) | |
|----------|----------------|------------------------|--|
| | | | |

Official Form B 6I Attachment for Additional Employment Information

| Spouse | | |
|---------------------|---------------------|--|
| Occupation | Spouse Not Filing | |
| Name of Employer | Tractor Supply | |
| How long employed | 8 years | |
| Address of Employer | Payroll Dept | |
| | 5401 Virginia Way | |
| | Brentwood, TN 37027 | |

Official Form 106I Schedule I: Your Income page 3

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 44 of 67

| | | | | | | 1 | | | | |
|-------------------|--|---|-------------------------------------|--|---|------------|-------|------------------|-------------------------------|-------|
| Fill | in this informa | tion to identify yo | our case: | | | | | | | |
| Deb | tor 1 | Daryl L. Smit | :h | | | Cł | neck | if this is: | | |
| | | | | | | | Ar | n amended filing | | |
| | tor 2 | | | | | | | | ving postpetition cha | apter |
| (Spo | ouse, if filing) | | | | | | 13 | 3 expenses as of | the following date: | |
| Unit | ed States Bankr | uptcy Court for the: | MIDDLI | E DISTRICT OF GEORG | IA | | М | M / DD / YYYY | | |
| Cas | e number | | | | | | | | | |
| (If kr | nown) | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | |
| Sc | chedule | J: Your I | Exper | ises | | | | | | 12/15 |
| Be info nun | as complete a ormation. If m nber (if know | and accurate as lore space is ne n). Answer ever | possible eded, atta y questio | . If two married people and the same in th | | | | | | |
| Par | | ibe Your House | hold | | | | | | | |
| 1. | Is this a joir | | | | | | | | | |
| | No. Go to | | | | | | | | | |
| | | | n a separ | ate household? | | | | | | |
| | □N | | | | | | | | | |
| | ШY | es. Debtor 2 mus | st file Offic | ial Form 106J-2, Expense | es for Separate Hous | ehold of D |)ebto | or 2. | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | |
| | Do not list D and Debtor 2 | | ■ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | | ■ No | |
| | dependents | | | | Daughter | | | 4 | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | - | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 2 | De veur evr | anaaa inaluda | _ | | | | | | ☐ Yes | |
| 3. | expenses of | penses include f people other the d your depender | nan $_{m \Box}$ | No Yes | | | | | | |
| Par | t 2: Estim | ate Your Ongoi | ng Month | ly Expenses | | | | | | |
| exp | | | | uptcy filing date unless y is filed. If this is a sup | | | | | | |
| Incl | lude exnense | s naid for with i | non-cash | government assistance | if you know | | | | | |
| the | value of sucl | h assistance and | d have in | cluded it on Schedule I: | Your Income | | | | | |
| (Off | ficial Form 10 |)6I.) | | | | - | _ | Your expe | enses | |
| 4. | | | | ises for your residence. | Include first mortgag | e 4. | \$ | | 0.00 | |
| | , , | nd any rent for the | = ground (| n iot. | | | ₹. | | | |
| | | | | | | | | | | |
| | | estate taxes | _ | , . | | 4a. | | | 0.00 | |
| | | rty, homeowner's | | | | 4b. | - 1 | | 0.00 | |
| | | maintenance, re owner's associat | | upkeep expenses dominium dues | | 4c. 4d. | | | 0.00 | |
| 5. | | | | our residence, such as h | ome equity loans | | \$ | | 0.00 | |
| | | | - | | | | _ | | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 45 of 67

| Debtor 1 | Daryl L. Smith | Case num | ber (if known) | |
|-------------|---|--------------|----------------|------------------------|
| . Utilities | S: | | | |
| | Electricity, heat, natural gas | 6a. | \$ | 160.50 |
| | Vater, sewer, garbage collection | 6b. | \$ | 0.00 |
| | elephone, cell phone, Internet, satellite, and cable services | 6c. | · | 107.00 |
| | Other. Specify: | 6d. | · | 0.00 |
| | nd housekeeping supplies | 7. | · | 416.00 |
| | are and children's education costs | 8. | \$ | 0.00 |
| | ng, laundry, and dry cleaning | 9. | \$ | 25.00 |
| | al care products and services | 10. | \$ | 0.00 |
| | Il and dental expenses | 11. | | 25.00 |
| | ortation. Include gas, maintenance, bus or train fare. | 11. | Ψ | 23.00 |
| | include car payments. | 12. | \$ | 200.00 |
| | inment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | ible contributions and religious donations | 14. | · | 0.00 |
| . Insurar | - | | T | 0.00 |
| | include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | ife insurance | 15a. | \$ | 0.00 |
| 15b. H | lealth insurance | 15b. | \$ | 0.00 |
| 15c. V | ehicle insurance | 15c. | \$ | 120.00 |
| | Other insurance. Specify: | 15d. | · | 0.00 |
| | Do not include taxes deducted from your pay or included in lines 4 or 20. | | · | |
| | Property Taxes | 16. | \$ | 15.00 |
| | Auto Taxes & Tags | | \$ | 8.00 |
| | nent or lease payments: | | | |
| | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | Other. Specify: Wife's 1st Franklin | 17c. | \$ | 483.00 |
| | Other. Specify: Wife's 3 Rivers CU | 17d. | \$ | 355.00 |
| | ayments of alimony, maintenance, and support that you did not report a | as | | |
| | ed from your pay on line 5, Schedule I, Your Income (Official Form 106I) | | \$ | 300.00 |
| | payments you make to support others who do not live with you. | • | \$ | 0.00 |
| Specify | : | 19. | | |
| | eal property expenses not included in lines 4 or 5 of this form or on Sc | hedule I: Y | our Income. | |
| 20a. M | Nortgages on other property | 20a. | | 0.00 |
| 20b. R | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. P | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. M | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. H | domeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Other: | Specify: | 21. | +\$ | 0.00 |
| | 4. | | | |
| | ate your monthly expenses | | • | 0.044.50 |
| | Id lines 4 through 21. | | \$ | 2,214.50 |
| | ppy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | <u>/</u> | \$ | |
| 22c. Ad | ld line 22a and 22b. The result is your monthly expenses. | | \$ | 2,214.50 |
| Calcula | ate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,469.93 |
| | Copy your monthly expenses from line 22c above. | 23a. 23b. | · | 2,469.93 |
| 230. C | popy your monthly expenses nominate 220 above. | 230. | -φ | 2,214.50 |
| 230 5 | Subtract your monthly expenses from your monthly income. | | | |
| | The result is your <i>monthly net income</i> . | 23c. | \$ | 255.43 |
| | 10 100ak to your monthly not moonto. | | L | |
| For exam | expect an increase or decrease in your expenses within the year after yould not one of the year or do you expect your tion to the terms of your mortgage? | | | or decrease because of |
| ■ No. | | | | |
| □ Yes | Explain here: | | | |
| LI Yes | LAPIGIII HEIE. | | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 46 of 67

| Fill in this in | nformation to identify your | case: | | | |
|--------------------------------|---|---------------------------|-----------------------|--|--|
| Debtor 1 | Daryl L. Smith | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing |) First Name | Middle Name | Last Name | | |
| (Spouse II, IIIIIIg |) First Name | Middle Name | Last Name | | |
| United State | s Bankruptcy Court for the: | MIDDLE DISTRICT OF | GEORGIA | | |
| Coop numbe | \r | | | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| | | | | | |
| Official F | form 106Dec | | | | |
| Declar | ation About a | n Individual | Dehtor's | Schedules | 40/45 |
| Decia | ation About t | iii iiiaiviaaai | DCDIOI 3 | ocificadics - | 12/15 |
| If two marrie | ed people are filing togethe | r, both are equally respo | onsible for supplying | g correct information. | |
| obtaining m | | n connection with a banl | | | atement, concealing property, or 000, or imprisonment for up to 20 |
| | Sign Below | | | | |
| Did yo | u pay or agree to pay some | eone who is NOT an attor | rney to help you fill | out bankruptcy forms? | |
| ■ No | 0 | | | | |
| ☐ Ye | es. Name of person | | | . Attach <i>Bankruptcy Pet</i> and Signature (Official F | ition Preparer's Notice, Declaration, Form 119). |
| | penalty of perjury, I declare by are true and correct. | that I have read the sum | nmary and schedule | s filed with this declara | tion and |

X /s/ Daryl L. Smith Daryl L. Smith

Signature of Debtor 1

Date **December 29, 2015**

Signature of Debtor 2

Date

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main

| | | Document | Page 47 of 67 | |
|---------------------|--------------------------|-------------------------|---------------|---|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Daryl L. Smith | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF GEOR | RGIA | _ |

☐ Check if this is an amended filing

Official Form 106Sum

Case number (if known)

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your a | assets of what you own |
|----|---|------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 16,880.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 16,880.00 |
| Pa | rt 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 12,228.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 1,945.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 88,597.00 |
| | Your total liabilities | \$ | 102,770.00 |
| Pa | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,469.93 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,214.50 |
| Pa | rt 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Entered 12/29/15 11:59:17 Case 15-11683 Doc 1 Filed 12/29/15 Desc Main Document

Page 48 of 67 Case number (if known) Debtor 1 Daryl L. Smith

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ 1,477.06 |
|----|--|----------------|
| 0. | | \$ 1,477.06 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total | claim |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 1,945.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 18,095.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 20,040.00 |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 49 of 67

| Fill in | this inform | nation to identify you | r case: | | | |
|------------------|----------------------|---------------------------------|--|--|---|---|
| Debto | r 1 | Daryl L. Smith | | | | |
| | _ | First Name | Middle Name | Last Name | | |
| Debto (Spouse | r 2 e if, filing) | First Name | Middle Name | Last Name | | |
| United | l States Bar | kruptcy Court for the: | MIDDLE DISTRICT OF (| SEORGIA | | |
| Ormoo | Otatos Bai | intropiety Court for the | | 20110111 | | |
| Case (if know | number | | | | | theck if this is an mended filing |
| | | m 107 of Financial | Affairs for Individ | luals Filing for B | ankruptcy | 12/15 |
| nform | ation. If m | | attach a separate sheet to | | equally responsible for sup y additional pages, write yo | |
| Part 1 | Give D | etails About Your Ma | arital Status and Where You | u Lived Before | | |
| 1. W | hat is your | current marital statu | ıs? | | | |
| ■ | Married Not mari | ried | | | | |
| 2. D | uring the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | 1 | | | | | |
| | No Yes. List | all of the places you l | ived in the last 3 years. Do r | ot include where you live now | v. | |
| C | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | nity property state or territor ico, Texas, Washington and V | |
| | No Yes. Ma | ke sure you fill out <i>Scl</i> | hedule H: Your Codebtors (C | fficial Form 106H). | | |
| Part 2 | Explain | n the Sources of You | r Income | | | |
| Fi | Il in the tota | I amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once u | | ndar years? |
| |] No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main

Debtor 1 Daryl L. Smith Document Page 50 of 67

Case number (if known)

| | | 2012: | \$0.00 | | |
|----|---|---|---|--|---|
| | | 2013: | \$0.00 | | |
| | | 2014: Tax Refund appr/DID NOT FILE BECAUSE HE DID NOT WORK | \$0.00 | | , |
| | | Sources of income Describe below | Gross income (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | | Dobtor 1 | | Dobtor 2 | |
| | Yes. Fill in the details. | | | | |
| | □ No | | | | |
| | List each source and the gross inco | ome from each source separat | ely. Do not include income the | nat you listed in line 4. | |
| | unemployment, and other public be gambling and lottery winnings. If yo | | | | |
| 5. | Did you receive any other income include income regardless of whether | ner that income is taxable. Exa | imples of other income are al | | |
| | | — Operating a publicess | | — Operating a business | |
| | | bonuses, tips ☐ Operating a business | | bonuses, tips ☐ Operating a business | |
| | | ☐ Wages, commissions, | \$0.00 | ☐ Wages, commissions, | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | Debtor 1 | | Debtor 2 | |
| | | | | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main

Page 51 of 67
Case number (if known) Document Debtor 1 Daryl L. Smith

| t 3: Lis | st Certain Pa | yments You Made Be | fore You Filed for Bank | ruptcy | | |
|------------|---------------------------------------|--|--|--|---|--|
| Are either | Neither De | ebtor 1 nor Debtor 2 h | orimarily consumer debt nas primarily consumer of , family, or household pur | debts. Consumer deb | ts are defined in 1 | 1 U.S.C. § 101(8) as "incurred by a |
| | □ No. □ Yes | Go to line 7. List below each credipaid that creditor. Do not include payments | | tal of \$6,225* or more domestic support obli nkruptcy case. | in one or more pa gations, such as c | lyments and the total amount you shild support and alimony. Also, do |
| ■ Yes | | | ive primarily consumer or ded for bankruptcy, did you | | al of \$600 or more | ? |
| | □ No. | Go to line 7. | | | | |
| | ■ Yes | | domestic support obligati | | | t you paid that creditor. Do not Also, do not include payments to |
| Credito | r's Name and | d Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| 114 S. | uy Autos Broad Stre idge, GA 39 | | monthly | \$407.00 | \$15,606.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other |
| | | | monthly | \$489.00 | \$11,500.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other |
| | p . River Rd. idge, GA 39 | 9817 | monthly | \$9,200.00 | \$10,000.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment |

Family Bank

P.O. Box 647

Pelham, GA 31779

\$1,200.00

2008

☐ Suppliers or vendors

☐ Other__

☐ Mortgage

☐ Credit Card ☐ Loan Repayment \square Suppliers or vendors

□ Other

☐ Car

\$12,519.00

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 52 of 67 Debtor 1 Daryl L. Smith Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Islam Ahmed dba Zip Trip v. **Judgment** Decatur Co. Superior Court, □ Pending "Darryl" L. Smith & Chris Smith, Bainbridge, □ On appeal dba D & S Trucking ☐ Concluded 08-CV-491 In the Circuit Court of the Lawrence Smith vs. Darryl L. Smith JUDGMENT ☐ Pending dba D and S Trucking and **Second Judic** □ On appeal Frederick A. Jones ☐ Concluded Case NO: 09001106CAA Family Bank v. Daryl Smith **Judgment** Decatur Co. Magistrate Ct. ☐ Pending 11-1127 ☐ On appeal ☐ Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

Nο

Yes. Fill in the information below.

| — 100.1 iii iii tile iiiioiiiiatioii belew. | | | |
|---|--|------|-----------------------|
| Creditor Name and Address | Describe the Property | Date | Value of the property |
| | Explain what happened | | |
| GMAC Bankruptcy Center | 2006 Chevy Silverado | 7/09 | \$0.00 |
| P. O. Box 130424 | | | |
| Roseville, MN 55113 | ☐ Property was repossessed. | | |
| | ☐ Property was foreclosed. | | |
| | ☐ Property was garnished. | | |
| | ☐ Property was attached, seized or levied. | | |
| - | | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 53 of 67 Debtor 1 Daryl L. Smith Case number (if known) 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was **Amount** taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. 1989 International Calboa Semi totalled in auto accident 5/2008 \$0.00 Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. П

No

Yes. Fill in the details.

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|---|-------------------|
| Money Management International 14141 Southwest Freeway Ste 1000 | 50.00 | 2015 | \$0.00 |

Sugar Land, TX 77478

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Page 54 of 67 Document Debtor 1 Daryl L. Smith Case number (if known) 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. П Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was property transferred payments received or debts **Address** made paid in exchange Person's relationship to you **Johnnys Scrap And Metal** 1990 FREIGHTLINER SEMI 2008 Bainbridge, GA 39817 didn't Run None 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) п Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance instrument Address (Number, Street, City, State and ZIP account number closed, sold, before closing or Code) moved, or transfer transferred First Community Bank/BB XXXX-0 June 2011 \$0.00 Checking P.O. Box 8090 □ Savings Bainbridge, GA 39818 ☐ Money Market

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☐ Brokerage ☐ Other

■ No

☐ Yes. Fill in the details.

Name of Financial Institution
Address (Number, Street, City, State and ZIP Code)

Who else had access to it?
Address (Number, Street, City,

Describe the contents

Do you still have it?

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Page 55 of 67 Case number (if known) Document

Debtor 1 Daryl L. Smith

| 22. | Have you stored property in a storage unit or p | lace other than your home within | 1 year before you filed for bankruptcy | |
|-----|---|---|--|-----------------------|
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | 19: Identify Property You Hold or Control for | Someone Else | | |
| | Do you hold or control any property that some for someone. | one else owns? Include any prope | rty you borrowed from, are storing fo | r, or hold in trust |
| | □ No. | | | |
| | □ No ■ Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| | Betty Smith 404 John Sams Bainbridge, GA 39817 | debtor's possession | 2011 Toyota Camry | \$0.00 |
| Par | 10: Give Details About Environmental Inform | ation | | |
| | the purpose of Part 10, the following definitions | | | |
| _ | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, groun | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | - | law, whether you now own, operate, | or utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n they occurred. | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | e under or in violation of an environm | ental law? |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admini | · | rironmental law? Include settlements | and orders. |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, | Nature of the case | Status of the case |
| | | State and ZIP Code) | | |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main

| Del | btor 1 Daryl L. Smit | :h | Document | Page 56 of 6 | / se number (# | if known) |
|---------------|---|---|----------------------------|---|-------------------|---|
| Pai | rt 11: Give Details Ab | oout Your Business o | r Connections to Any B | usiness | | |
| 27. | Within 4 years before | vou filed for bankrur | otcv. did vou own a bus | iness or have any o | f the followi | ng connections to any business? |
| | | | in a trade, profession, | • | | · · |
| | _ | | pany (LLC) or limited li | - | | |
| | ☐ A partner in a | • | ,pa, (220) orou | ability paraneterily (| , | |
| | <u> </u> | - | xecutive of a corporation | on | | |
| | _ | , , | ng or equity securities | | | |
| | | above applies. Go to | | | | |
| | _ | • • | II in the details below fo | or each husiness | | |
| | Business Name Address | iai appry above and n | Describe the nature | | | Identification number clude Social Security number or ITIN. |
| | (Number, Street, City, State | e and ZIP Code) | Name of accountant | or bookkeeper | Dates hus | siness existed |
| | D&S Trucking | | Trucking business | . | EIN: | xxx-xx-7912 |
| | 412 John Sam Rd Bainbridge, GA 39 | = | | | From-To | 12/23/06 to 10/31/09 |
| 20. | ■ No ■ Yes. Fill in the d | s, or other parties. | | notal statement to a | nyone abou | t your business? Include all financial |
| | Name Address (Number, Street, City, State | e and ZIP Code) | Date Issued | | | |
| Pai | rt 12: Sign Below | | | | | |
| are with 18 U | true and correct. I und a bankruptcy case ca J.S.C. §§ 152, 1341, 15 Daryl L. Smith Iryl L. Smith | lerstand that making an result in fines up to | | ealing property, or c ment for up to 20 ye | btaining mo | der penalty of perjury that the answers oney or property by fraud in connectio |
| Sig | nature of Debtor 1 | | | | | |
| Dat | December 29, 2 | 015 | Date | | | |
| Did ■ N | No | pages to <i>Your Staten</i> | nent of Financial Affairs | for Individuals Filin | ng for Bankr | uptcy (Official Form 107)? |
| Did | you pay or agree to pa | ay someone who is no | ot an attorney to help yo | ou fill out bankruptc | y forms? | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this information to identify your case: | | | | |
|--|---|--|--|--|
| Debtor 1 Daryl L. Smith | _ | | | |
| Debtor 2 (Spouse, if filing) | _ | | | |
| United States Bankruptcy Court for the: Middle District of Georgia | _ | | | |
| Case number(if known) | _ | | | |

| Check | Check as directed in lines 17 and 21: | | | | | | |
|---|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |
| | | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Column Debtor | | | mn B or 2 or filing spouse |
|--|-------------------------------------|------------------------------------|-----------------------------------|-------------------------|------|----|----------------------------------|
| Your gross wages, salary, tips, bonuses, overtin all payroll deductions). | ne, and c | ommissi | ons (before | \$ | 0.00 | \$ | 1,909.24 |
| Alimony and maintenance payments. Do not inclu Column B is filled in. | ıde paym | ents from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| 4. All amounts from any source which are regularly of you or your dependents, including child supp from an unmarried partner, members of your house and roommates. Include regular contributions from filled in. Do not include payments you listed on line 5. Net income from operating a business, | ort. Inclu hold, you a spouse | de regula depende only if Co | r contributions ents, parents, | \$ | 0.00 | \$ | 0.00 |
| profession, or farm | S S | 0.00 | | | | | |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| Net monthly income from a business, profession, or | · farm \$ | | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| 6. Net income from rental and other real property | Debto | r 1 | | - | | - | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| Net monthly income from rental or other real proper | o | 0.00 | Copy here -> | 2 | 0.00 | \$ | 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 58 of 67

| Debtor 1 | Daryl L. Smith | | Case number | er (<i>if known</i>) | | | |
|-----------------|---|--------------|-------------------|------------------------|------------------------------|--------------|-----------|
| | | | Column A Debtor 1 | | Column E Debtor 2 non-filing | or | |
| 7. In | terest, dividends, and royalties | | \$ | 0.00 | \$ | 0.00 | |
| 8. U r | nemployment compensation | | \$ | 0.00 | \$ | 0.00 | |
| | o not enter the amount if you contend that the amount received was a beneater the Social Security Act. Instead, list it here: | efit | | | | | |
| | · | .00 | | | | | |
| | For your spouse \$ | .00 | | | | | |
| be | ension or retirement income. Do not include any amount received that we enefit under the Social Security Act. | | \$ | 0.00 | \$ | 0.00 | |
| Do red do | come from all other sources not listed above. Specify the source and a continct include any benefits received under the Social Security Act or payme ceived as a victim of a war crime, a crime against humanity, or internation mestic terrorism. If necessary, list other sources on a separate page and tal below. | nts al or | | | | | |
| | mom contributes till SSI starts | | \$ | 823.00 | \$ | 0.00 | |
| | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | + | \$ | 0.00 | \$ | 0.00 | |
| | alculate your total average monthly income. Add lines 2 through 10 for ach column. Then add the total for Column A to the total for Column B. | \$ | 823.00 | + \$ _ | 1,909.24 | =[\$_ | 2,732.24 |
| 12. C c | opy your total average monthly income from line 11. | | | | | \$ | 2,732.24 |
| 13. 00 | • | | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| _ | Fill in the amount of the income listed in line 11, Column B, that was Not dependents, such as payment of the spouse's tax liability or the spouse | | | | | | |
| | Below, specify the basis for excluding this income and the amount of in adjustments on a separate page. | come de | evoted to ead | ch purpos | se. If necessa | ary, list ad | ditional |
| | If this adjustment does not apply, enter 0 below. | | 447.4 | | | | |
| | Payroll Deductions Wife's 1st Franklin | \$ <u></u> | 417.1 483.0 | | | | |
| | Wife's 3 Rivers CU | . \$ \$ | 355.0 | | | | |
| | Total | \$ | 1,255.1 | 18 c | opy here=> | | 1,255.18 |
| 14. \ | Your current monthly income. Subtract line 13 from line 12. | | | | | \$ | 1,477.06 |
| | | | | | | | |
| | Calculate your current monthly income for the year. Follow these steps | | | | | • | 1,477.06 |
| 1 | 5a. Copy line 14 here=> | | | | | \$ | 1,477.00 |
| | Multiply line 15a by 12 (the number of months in a year). | | | | | X | 12 |
| 1 | 15b. The result is your current monthly income for the year for this part of | the form | 1 | | | \$ | 17,724.72 |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 59 of 67

| Debtor 1 | Da | ryl L. Smith | | Case number (if known) | | |
|--------------|----------------|---|---|---|----------------|------------------|
| 16. C | alculat | e the median family income that applies to y | ou. Follow these ster | os: | | |
| 16 | Sa. Fill | in the state in which you live. | GA | | | |
| 16 | Sb. Fill | in the number of people in your household. | 2 | | | |
| 16 | Sc. Fill | - in the median family income for your state and s | size of household. | | \$ | 53,790.00 |
| | | find a list of applicable median income amounts ructions for this form. This list may also be avai | | link specified in the separate | - | |
| 17. H | ow do | the lines compare? | | | | |
| 17 | 7a. | Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | | |
| 17 | 7b. [| Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu copy your current monthly income from line | lation of Your Dispo | | | |
| Part 3: | С | alculate Your Commitment Period Under 11 | J.S.C. § 1325(b)(4) | | | |
| 18. C | ору ус | our total average monthly income from line 1 | 1. | | \$ | 2,732.24 |
| CC | ontend | the marital adjustment if it applies. If you are that calculating the commitment period under 1 income, copy the amount from line 13. | married, your spouse 1 U.S.C. § 1325(b)(4) | is not filing with you, and you allows you to deduct part of your | | |
| 19 | 9a. If th | ne marital adjustment does not apply, fill in 0 on | line 19a. | | - \$ | 1,255.18 |
| | | | | | | |
| 19 | 9b. Sul | otract line 19a from line 18. | | | \$ | 1,477.06 |
| | | | | | | |
| 20. C | alculat | te your current monthly income for the year. | Follow these steps: | | | |
| 20 | oa. Cop | by line 19b | | | \$_ | 1,477.06 |
| | Mu | tiply by 12 (the number of months in a year). | | | | 1 2 |
| | | | | | | |
| 20 | b. The | e result is your current monthly income for the year | ear for this part of the | form | \$_ | 17,724.72 |
| | | | | | | |
| | | | | | | |
| 20 | c. Cop | by the median family income for your state and s | size of household fron | n line 16c | \$_ | 53,790.00 |
| | | | | | | |
| 21 | I. Ho | w do the lines compare? | | | | |
| | | Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4. | se ordered by the cou | rt, on the top of page 1 of this form, c | heck box 3, | The commitment |
| | | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | less otherwise ordere | d by the court, on the top of page 1 o | f this form, o | check box 4, The |
| Part 4: | s | ign Below | | | | |
| | | ng here, under penalty of perjury I declare that the | ne information on this | statement and in any attachments is | true and co | rrect. |
| | | | | • | | |
| | | ryl L. Smith L. Smith | | | | |
| | Ū | ure of Debtor 1 | | | | |
| D | | ecember 29, 2015 M / DD / YYYY | | | | |
| If | | ecked 17a, do NOT fill out or file Form 122C-2. | | | | |
| If | you ch | ecked 17b, fill out Form 122C-2 and file it with t | his form. On line 39 c | f that form, copy your current monthly | / income fro | m line 14 above. |

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 60 of 67

Debtor 1 Daryl L. Smith Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2015 to 11/30/2015.

Line 10 - Income from all other sources Source of Income: mom contributes till SSI starts Constant income of \$823.00 per month.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 61 of 67

Debtor 1 Daryl L. Smith Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **06/01/2015** to **11/30/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Tractor Supply Spouse Not Filing

Income by Month:

| 6 Months Ago: | 06/2015 | \$2,206.78 |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2015 | \$2,109.21 |
| 4 Months Ago: | 08/2015 | \$2,041.51 |
| 3 Months Ago: | 09/2015 | \$2,032.24 |
| 2 Months Ago: | 10/2015 | \$1,017.66 |
| Last Month: | 11/2015 | \$2,048.06 |
| | Average per month: | \$1,909,24 |

Remarks:

Paid 10-02-15 \$914.98 Paid 10-16-15 \$1,185.35 Georgia Department of Revenue Bankruptcy Section 1800 Century Blvd NE, Ste 17200 Atlanta, GA 30345

US Atty Gen/Dept of Justice Tax Division/P. O. Box 14198 Ben Franklin Station Washington, DC 20044

Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia, PA 19101-7346

United States Attorney P O Box 1702 Macon, GA 31202-1702

Georgia Income Tax Division 1105 W Broad Ave, Ste D Albany, GA 31707

Aaron's Sales & Leasing 1400 Tallahassee Hwy Bainbridge, GA 39817

Afni Bloom 404 Brock Ave. Bloomington, IL 61702

Agnew & Agnew P.O. Box 1175 Columbus, GA 31902

Alabama Child Support Enforcement Div. Coffee County Department Of Human Resour P.O. Box 311665 Enterprise, AL 36331

Archbold Medical Center 920 Cairo Road Thomasville, GA 31792

Bainbridge Memorial Hospital Aka Memorial Hospital & Manor 1500 E. Shotwell Bainbridge, GA 39819

Best Buy Autos 3343 Peachtree Rd NE Ste 200 Atlanta, GA 30326-1420 Carr Allison Matthew D. Liebenhaut 305 South Gadsen Tallahassee, FL 32301

CBE Group
P.O. Box 2635
Waterloo, IA 50704

Charlotte Rambo 6110 Brackin Rd.
Donalsonville, GA 39845

Christina L. Folsom P.O. Box 1547 Valdosta, GA 31603

Christopher D. Smith 412 John Sam Rd. Bainbridge, GA 39817

Collection Bureau Of SW GA, Inc. P. O. Box 70898 Albany, GA 31708

Credit Bureau Associates/ Bainbridge P.O. Box 1929 Bainbridge, GA 39818

Decatur Co. Magistrate Court 912 Spring Creek Rd., Box 3 Bainbridge, GA 39817

Decatur Co. Superior Court P.O. Box 336 Bainbridge, GA 39818

Decatur Co. Tax Collector P.O. Box 246 Bainbridge, GA 39818

Dish Network
P. O. Box 2635
Waterloo, IA 50704-2635

Family Bank/Pelham P.O. Box 647 Pelham, GA 31779

Farmers Furniture Corporate Credit P.O. Box 1140 Dublin, GA 31040 Fingerhut 6250 Ridgewood Rd. St. Cloud, MN 56303

First National Bank Of Decatur County 819 E. Shotwell St. Bainbridge, GA 39819

First National Collection Bureau, Inc. 610 Waltham Way Sparks, NV 89434

First Premier Bank Bankruptcy Dept. P.O. Box 2208 Vacaville, CA 95696

Frederick A. Jones 1108 S. West St. Bainbridge, GA 39812

Gadsden County Clerk Of Court P.O. Box 1649 Quincy, FL 32353-1649

Georgia Department Of Revenue 1105 W. Broad , Ste D Albany, GA 31707

Georgia Dept of Public Safety P.O. Box 1456 Atlanta, GA 30371

Georgia Power P.O. Box 105537 Atlanta, GA 30348

GMAC

Attn: Customer Service P.O. Box 380902 Bloomington, MN 55438-0902

Hughston Clinic P.C. 6262 Veterans Parkway Columbus, GA 31909

Internal Revenue Service Bankruptcy Unit, Stop 334-D 401 W. Peachtree St. NW Atlanta, GA 30308

Islam Ahmed d/b/a Zip Trip 743 Oak Mountain Road NW Kennesaw, GA 30152-5204

John W. McGee 466 Woodhull Rd. Bainbridge, GA 39819

Johnny Brantley PC 1340 Baker Hwy W. Douglas, GA 31533

Lachaelle Maller 6886 County Rd. 306 Elba, AL 36323

Lawrence Smith, Latiffani & Nytifarene C/O Knowles & Randolph, Attorneys 3065 Highland Oaks Terrace Tallahassee, FL 32301

LVNV Funding P.O Box 10587 Greenville, SC 29603

LVNV Funding, LLC Resurgent Capital Services P.O. Box 10587 Greenville, SC 29603-0587

Midland Credit Mgt 8875 Aero Drive, Suite 200 San Diego, CA 92123

NPAS, Inc. P.O. Box 99400 Louisville, KY 40269

Progressive Insurance Co. Attn: Mr. Jason Ward 1701 Hermitage Blvd Tallahassee, FL 32308

Raford Miller 8179 Old Pelham Rd. Vada, GA 39897

Randall E. Chew P.C. Attorney At Law P.O. Box 664 Pelham, GA 31779

RTO Rentals 309 N. Market Street P. O. Box 489 Paris, TN 38242 Shawn Keith Smith 408 Hales Landing Rd. Bainbridge, GA 39817

South Georgia Anesthesia Associates P.O. Box 2125 Columbus, GA 31902

Southern Bone & Joint 1500 Ross Clark Circle Dothan, AL 36301

State Board Of Worker's Compensation 270 Peachtree St. NW Atlanta, GA 30303

T-Mobile Attn: Bankruptcy Dept. P.O. Box 53410 Bellevue, WA 98015

Trident Asset Management 5755 Northpoint Pkwy, Ste 12 Alpharetta, GA 30022

Verizon - MCI - Telecom P. O. Box 31303 Salt Lake City, UT 84131 Case 15-11683 Doc 1 Filed 12/29/15 Entered 12/29/15 11:59:17 Desc Main Document Page 67 of 67

United States Bankruptcy Court Middle District of Georgia

| | | Middle District of Georgia | | |
|---------|----------------------------------|---|---------------------|-----------------------|
| In re | Daryl L. Smith | D () | Case No. | |
| | | Debtor(s) | Chapter | _13 |
| | VER | IFICATION OF CREDITOR | MATRIX | |
| The abo | ove-named Debtor hereby verifies | that the attached list of creditors is true and o | correct to the best | of his/her knowledge. |
| Date: | December 29, 2015 | /s/ Daryl L. Smith | | |
| | | Daryl L. Smith | | |

Signature of Debtor